minor alterations are being carried out. CPWD has informed that the building will be ready for occupation for starting of Trauma Centre by 15.03.2006

New Health Schemes for Poor

1264. SHRI DHARAM PAL SABHARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether new health schemes have been introduced for the benefit of the poorer sections of the society during the last two years;

(b) if so, the details therof; and

(c) if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) and (b) In order to improve the existing healthcare delivery system and make healthcare accessible and affordable to the poorer and vulnerable sections of society particularly in the rural areas, a National Rural Health Mission was launched in April, 2005. This mission seeks to provide effective healthcare to rural population throughout the country with special focus on 18 States with poor health indicators and weak health infrastructure. Under the strategy of NRHM, the gaps in the existing scenario of rural healthcare is to be addressed through 2.5 lakh Accredited Social Health Activists (ASHA) to assist the Anganwadi Worker and ANM at village level to make the increased health services accessible to the rural people of the country. It is also proposed to upgrade CHCs to the level of India Public Health Standards (IPHS). NRHM has been launched for a period of 7 years (2005-2012) i.e. for two years of Tenth Plan and full Eleventh Plan.

A World Bank assisted Integrated Disease Surveillance Project was launched in the year 2004-05 to strengthen capacity of all the States/ UTs for Disease Surveillance. The Project aims to strengthen public health laboratory services, train personnel and use information technology in surveillance. Early detection and timely response to outbreaks is expected to reduce spread of diseases in the population including poorer section of the society.

Under the National AIDS Control Programme, the scheme to provide free ART to poor patients was initiated by the Government from April, 2004. The scheme is being implemented in 52 health institutions of the country in 19 States and a total of 23,784 patients are getting free ARVs.

(c) Does not arise.

Shifting of Government doctors to private hospitals

1265. SHRI AMAR SINGH:
SHRI ABU ASIM AZMI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that a large number of doctors from Government institutes/hospitals have left their organization and joined the flourishing private sector, which has paralysed the super-speciality department in Government hospitals;

(b) is so, what is the number of such doctors who left Government hospitals during the last 3 years; and

(c) the steps Government have taken to stop the brain drain from Government hospitals and result thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) and (b) As per information available, 112 specialist doctors of Central Health Service have resigned/taken voluntary retirement on personal grounds during the last five years. The Government is not aware that these doctors have joined the private sector hospitals thereafter.

(c) A Committee under the Chairmanship of Shri Javed A Chowdhury, former Health Secretary was constituted in September, 2005 to (i) look into the circumstances leading to the increasing trend of the Government doctors including doctors from All India Institute of Medical Sciences (AIIMS), New Delhi/Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh, seeking Voluntary Retirement/ Resignation; (ii) identify the speciality/super-speciality streams that have become more vulnerable to this attrition, along with reasons therefor; (iii) suggest further incentives including changes in terms and conditions of services, conditions for further training, etc. to retain them in Government; and (iv) suggest measures/ disincentives to arrest the further outflow of doctors from Government. The Committee has since submitted its report. The decision on the report of the Committee can be taken after detailed study of the same.